

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

BENSLEY CONSTRUCTION, INC., on
its own behalf and on behalf of all others
similarly situated,

Plaintiff,

v.

Civil Action No. 05 11249 GAO

MARSH & MCLENNAN COMPANIES,
INC., MARSH, INC., ACE USA, ACE INA,
AMERICAN INTERNATIONAL GROUP,
AMERICAN REINSURANCE COMPANY,
ARTHUR J. GALLAGHER & CO., HILB
ROGAL & HOBBS, COMPANY, WILLIS
GROUP HOLDINGS, LTD., WILLIS NORTH
AMERICA INC., WILLIS GROUP LTD.,
UNIVERSAL LIFE RESOURCES,
UNIVERSAL LIFE RESOURCES, INC.
(d/b/a ULR INSURANCE SERVICES, INC.),
THE CHUBB CORPORATION, USI
HOLDINGS, INC., METLIFE, INC.,
PRUDENTIAL FINANCIAL, INC.,
UNUMPROVIDENT CORPORATION,
THE ST. PAUL TRAVELERS COMPANIES,
INC., ZURICH AMERICAN INSURANCE
COMPANY, LIBERTY MUTUAL FIRE
INSURANCE COMPANY, EMPLOYERS
INSURANCE COMPANY OF WAUSAU, and
ST. JAMES INSURANCE COMPANY LTD.,

Defendants.

DECLARATION OF DEBORAH S. TROXEL

Deborah S. Troxel, under penalty of perjury, hereby declares:

1. My name is Deborah S. Troxel. I am over the age of twenty-one (21) years, I am competent to testify to the matters stated herein, have personal knowledge of the facts and statements in this declaration, and each of the statements in this declaration is true and correct.

2. I am employed by the ACE Group of Companies as a Technical Assistant with responsibility for rating and issuance of the Assigned Risk Massachusetts Business Auto policies.

3. In 1991, Insurance Company of North America (“INA”), as a participant in the Massachusetts assigned risk pool administered by Commonwealth Automobile Reinsurers, received an application from Ryder Insurance Agency, Inc. asking INA to write an assigned risk business auto insurance policy for Bensley Construction, Inc. (“Bensley”) in Massachusetts. A true and correct copy of the Massachusetts Business Auto Policy initially issued by INA to Bensley is attached hereto as Exhibit A.

4. Under Massachusetts law, casualty insurance companies doing business in the Commonwealth must issue assigned risk business upon the State’s request. As long as the insured comports with its contractual duties, an insurance company that has issued an assigned risk policy may not cancel that policy. INA renewed a business auto policy issued to Bensley each year until 1999.

5. In 1999, Bankers Standard Insurance Company (“BSI”) renewed the assigned risk policy issued for business auto insurance coverage to Bensley. A true and correct copy of the first policy BSI issued to Bensley is attached hereto as Exhibit B.

6. The assigned risk policy that BSI wrote for Bensley has been renewed each year and remains current through July 26, 2006. A true and correct copy of the current policy that BSI issued to Bensley is attached hereto as Exhibit C.

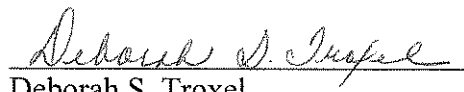
7. Both INA and BSI are members of the ACE Group of Companies.

8. To the best of my knowledge as a custodian of the Bensley file, neither “ACE USA” nor “ACE INA” has ever issued an insurance policy issued to Bensley. Moreover, the

insurance policies issued to Bensley each year since 1991 by the ACE affiliates INA and BSI had no broker involvement and did not involve the payment of broker commissions as alleged in the complaint.

I declare under penalty of perjury under 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed on this 10th day of August, 2005 in Richmond, Indiana.

A handwritten signature in cursive script, reading "Deborah S. Troxel", is written over a horizontal line.

Deborah S. Troxel
Technical Assistant
ACE Group of Companies

EXHIBIT A

GENERAL ENDORSEMENT:

Named Insured Bensley Construction, Inc. c/o Lydia Eccles			Endorsement Number 1
Policy Symbol CSA	Policy Number 222287	Policy Period 07/26/05-07/26/06	Effective Date of Endorsement 07/26/05
Issued By (Name of Insurance Company) Bankers Standard Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Business Auto Policy

COVERAGE PART

Please be advised that the total policy premium should read 30,097.

Authorized Agent

To adding 11/05



ACE USA

Declarations - Massachusetts Business Auto Coverage Form

Company Name and Address

Bankers Standard Insurance Company
1601 Chestnut Street
Philadelphia, PA 19101

FACILITY PLAN

Office: 825POLICY NO. CSA 222287Producer Code: 200552

ITEM ONE - Named Insured and Address

Bensley Construction, Inc.
c/o Lydia Eccles
533A Putnam Ave.
Cambridge, MA 02139

Producer Name and Address

Ryder Insurance Agency, Inc.
247 N. Main Street
Randolph, MA 02368

Policy Period: From 07/26/05 To 07/26/06 at

12:01 A.M. Standard Time at your mailing address shown above

PREVIOUS POLICY NUMBER: CSA 222287

FORM OF BUSINESS:

☒ CORPORATION☐ LIMITED LIABILITY COMPANY☐ INDIVIDUAL☐ PARTNERSHIP☐ OTHER

BUSINESS DESCRIPTION

FSAON

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH
YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$ 784
*ESTIMATED TOTAL PREMIUM	\$ 30,098 ¹

*This policy may be subject to final audit.

Premium shown is payable: \$	AT INCEPTION.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY: IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

Refer To Endorsement Schedule Attached

COUNTERSIGNED

(Date)

BY

RATING MODIFICATIONS							
COVERAGE	SIZE	EXPER. MOD.		STRES MOD.		TOTAL MOD.	
	CR.	CR.	DEB.	CR.	DEB.	CR.	DEB.
AUTO M.V.			1.25				
AUTO COLL.			1.25				
AUTO LIAB.			1.55				
GEN'L LIAB.							

Authorized Representative

to coding 6/24/05

POLICY NUMBER:

SCHEDULE OF PAYMENTS

The estimated Total Payment is payable as follows:

<u>INSTALLMENT NUMBER</u>	<u>DUE DATE</u>	<u>AMOUNT DUE</u>
	07/26/05	9,028
	08/26/05	2,341
	09/26/05	2,341
	10/26/05	2,341
	11/26/05	2,341
	12/26/05	2,341
	01/26/06	2,341
	02/26/06	2,341
	03/26/06	2,341
	04/26/06	2,341
	Total	30,097

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE			
COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section shows which autos are covered autos.)</small>	LIMIT	PREMIUM
Compulsory Bodily Injury	7	\$20,000 each Person \$40,000 each Accident	4,106
Personal Injury Protection	7	\$8,000 each Person	208
LIABILITY INSURANCE			
COVERED "AUTOS" Optional Bodily Injury	7, 8, 9	\$ 1,000,000 each person \$ 1,000,000 each accident	9,251
Property Damage (COMPULSORY LIMIT \$5,000)	7	\$ 1,000,000 each accident	6,654
LIABILITY		\$ each accident	
Medical Payments	7	\$ 5,000 each person	13
Uninsured Motorists COMPULSORY LIMITS - \$20,000/40,000	7	\$ 500,000 each person \$ 500,000 each accident	84
Underinsured Motorists	7	\$ 50,000 each person \$ 100,000 each accident	119
Uninsured Motorists		\$ each accident	
Underinsured Motorists		\$ each accident	
Physical Damage Comprehensive Coverage	7	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ 500 Ded. For Each Covered Auto.	2,609
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	
Physical Damage Collision Coverage	7	Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ 500 Ded. For Each Covered Auto.	6,269
Physical Damage Limited Collision Coverage		Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus \$ Ded. For Each Covered Auto.	
Physical Damage Towing and Labor		\$ For Each Disablement Of A Private Passenger "Auto".	
		PREMIUM FOR ENDORSEMENTS	784
		*ESTIMATED TOTAL PREMIUM	30,097

*This Policy may be subject to final audit.

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ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN									
Covered Auto No.	DESCRIPTION Year, Model, Trade name, Body Type, Serial Number(S), Vehicle Identification Number (VIN) Mass Plate No. Exp. Date			PURCHASED		TERRITORY			
				Original Cost New	Actual cost & New (N) Used (U)	Town & State Where the Covered Auto Will Be Principally Garaged Terr/Zone Code			
1	2001 GMC Sierra P/U 2GTEC19V811234815			25,159		Cambridge/02139/Terr-13			
2	1995 VW Van WV2EE0708SH001819			5,750		Cambridge/02139/Terr-13			
3	1999 Subaru Legacy 4S3BG6855X6639439			10,125		Cambridge/02139/Terr-13			
4	2004 Ford F Series 1FTRW14WX4KB58799			28,500		Newsburyport/01950/Terr-01			
5	2004 Chevy Exp. Van 1GCGG25V841149752			21,100		Cambridge/02139/Terr-13			
CLASSIFICATION									
Covered Auto No.	Radius of Operation (in Miles).	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code Pre-Insp Code
					Liab.	Phy. Dam.	Liab.	Phy. Dam.	
1				5					01499
2				9					73980
3				7					73980
4				2					01499
5				2					01499

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ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN									
	DESCRIPTION			PURCHASED		TERRITORY			
Covered Auto No.	Year, Model, Trade name, Body Type, Serial Number(S), Vehicle Identification Number (VIN) Mass Plate No. Exp. Date			Original Cost New	Actual cost & New (N) Used (U)	Town & State Where the Covered Auto Will Be Principally Garaged Terr/Zone Code			
6	2004 Chevy Van 1GCDL19X24B122089			19,752		Cambridge/02139/Terr-13			
7	2003 Ford F250 1FTNF21P13ED37327			32,064		Cambridge/02139/Terr-13			

CLASSIFICATION									
Covered Auto No.	Radius of Operation (in Miles).	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code Pre-Insp Code
					Liab.	Phy. Dam.	Liab.	Phy. Dam.	
6				2					01499
7				3					01499

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	Compulsory Bodily Injury \$20,000 ea. pers. \$40,000 ea. Acc.	Personal Injury Protection \$8,000 ea. Pers.	Property Damage (Compulsory \$5,000)		Optional Bodily Injury		Auto Medical Payments		Uninsured Motorists (Compulsory Limit \$20,000 ea. person \$40,000 ea. accident)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium	*Limits	Premium	*Limits	Premium
1	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17
2	612	42	1,000,000	806	1mm/1mm	1,452	5,000	4	500/500	12	50/100	17
3	612	42	1,000,000	806	1mm/1mm	1,452	5,000	4	500/500	12	50/100	17
4	302	12	1,000,000	522	1mm/1mm	667	5,000	1	500/500	12	50/100	17
5	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17

Covered Auto No.	** (see endt. for limit)	† Specified Causes of Loss **			Comprehensive **		Collision **		Limited Collision **		Waiver of Deductible	Towing & Labor
		Cov.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.		
1	ACV				500	454	500	981			Incl.	
2	ACV				500	143	500	533			Incl.	
3	ACV				500	249	500	1,048			Incl.	
4	ACV				500	349	500	749			Incl.	
5	ACV				500	473	500	969			Incl.	

*Limit(s) in thousands

**Designate if rating basis is: SA = Stated Amount or AV = Agreed Value

† F = Fire Coverage T = Theft Coverage F&T = Fire and Theft Coverage

AUTO NO.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	Compulsory Bodily Injury \$20,000 ea. pers. \$40,000 ea. Acc.	Personal Injury Protection \$8,000 ea. Pers.	Property Damage (Compulsory \$5,000)		Optional Bodily Injury		Auto Medical Payments		Uninsured Motorists (Compulsory Limit \$20,000 ea. person \$40,000 ea. accident)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium	*Limits	Premium	*Limits	Premium
6	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17
7	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17

Covered Auto No.	** (see endt. for limit)	† Specified Causes of Loss **			Comprehensive **		Collision **		Limited Collision **		Waiver of Deductible	Towing & Labor
		Cov.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.		
6	ACV				500	465	500	918			Incl.	
7	ACV				500	476	500	1,071			Incl.	

*Limit(s) in thousands

**Designate if rating basis is: SA = Stated Amount or AV = Agreed Value

†F = Fire Coverage T = Theft Coverage F&T = Fire and Theft Coverage

AUTO NO.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.				
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is primary)	PREMIUM
MA	If Any			118
			TOTAL PREMIUM	118
<p>Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>				
PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$ DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE, APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$25 DED. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$ DED. FOR EACH COVERED AUTO.			
			TOTAL PREMIUM	

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	0/25	\$ 118
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
		TOTAL PREMIUM	\$ 118

ESTIMATED YEARLY <input type="checkbox"/> GROSS RECEIPTS <input type="checkbox"/> MILEAGE	RATES <input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		PREMIUMS	
	Per \$100 of Gross Receipts			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	TOTAL PREMIUMS		\$	\$
	MINIMUM PREMIUMS		\$	\$

Mileage means the total live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

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POLICY NUMBER:

FORMS AND ENDORSEMENTS ATTACHED TO POLICY AT INCEPTION
--

CA0001 10/01

CA0022 02/99

CA0121 02/99

IL0017 11/98

IL0021 04/98

ILP001 01/04

MM9911 09/02

MM9913 09/98

MM9917 09/98

MM9922 09/98

MM9939 09/98

MM9943 09/91

MM9954 09/98

MM9967 09/98

TRIA 07

Notification of Placement

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STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP		LIABILITY LIMITS						PHYSICAL DAMAGE						EXP.	PR	
			Cov.	Ded.	BI	PD	MED	U1	U2	BCC	Coll.	Loss of Use	O.T.C.	Age	SYM	ATD			
1	5																	1	
2																		1	
3																		1	
4																		1	
BATCH		SEQ.		REP		CURR DATE		AGENT		RUN SEQ.		END NO.		F		LAST DATE		CDT	

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STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP		LIABILITY LIMITS						PHYSICAL DAMAGE						EXP.	PR	
			Cov.	Ded.	BI	PD	MED	U1	U2	BCC	Coll.	Loss of Use	O.T.C.	Age	SYM	ATD			
5	5																	1	
6																		1	
7																		1	
																		1	
BATCH		SEQ.		REP		CURR DATE		AGENT		RUN SEQ.		END NO.		F		LAST DATE		CDT	

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MM 99 17 09 98

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY.**WAIVER OF DEDUCTIBLE - MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The deductible amount shown on the Declarations for Collision Coverage does not apply to any "auto" to which this endorsement applies as shown on the Declarations if:

1. That "auto" was legally parked when struck by another "auto" owned by an identified person.
2. That "auto" was struck in the rear by another "auto" moving in the same direction and owned by an identified person.
3. The operator of the other "auto" was convicted of any of the following violations:

- a. Operating under the influence of alcohol, marijuana or a narcotic drug.
- b. Driving the wrong way on a one-way street.
- c. Operating at an excessive rate of speed.
- d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the "auto" insured under this Coverage was also convicted of one of the violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

(Description of Auto)

(Premium)

See Auto Schedule

Included



ace usa

Bankers Standard Insurance Company

Insurance Company

Bensley Construction, Inc.

Policyholder

CSA 222287

Policy Number

Ryder Insurance Agency, Inc.

Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You should be aware that under the Terrorism Risk Insurance Act of 2002 ("The Act") effective November 26, 2002, any losses caused by certified acts of terrorism under your existing coverage may be partially reimbursed by the United States under a formula established by federal law (applicability is subject to the terms and conditions of each individual policy). The Act was specifically designed to address the ability of businesses and individuals to obtain property and casualty insurance for terrorism and to protect consumers by addressing market disruptions and ensure the continued availability of terrorism coverage.

Under the terms of The Act, you may now have the right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Responsibility for Compensation under The Act is shared between insurance companies covered by The Act and the United States. Under the formula set forth in The Act, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible, which is paid by the insurance company providing the coverage.

We are providing you with the terrorism coverage required by The Act. We have not established a separate price for this coverage; however the portion of your annual premium that is reasonably attributable to such coverage is: \$ 0 _____

Notice Form 3b (New/Renewal)

MM 99 39 09 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS OF USE/RENTAL REIMBURSEMENT COVERAGE MASSACHUSETTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Auto No.	Designation or Description of Covered "Auto" to Which This Insurance Applies	Maximum Payment Each Covered "Auto"			Premium
		Any One Day	No. of Days	Any One Period	
	Veh's 2,3,4,& 6	\$ 30	30	\$ 900	\$ 90
		\$		\$	\$
Total Premium					\$ 360

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. We will reimburse you in the event of loss to a covered auto for expenses incurred for the rental, not including any mileage or gasoline charges, of a substitute auto of equivalent type and purpose, including taxicabs, buses, and other means of transportation.
- B. We will pay only for those expenses incurred during the policy period beginning 24 hours after the loss and ending, regardless of the policy's expirations, with the lesser of the following number of days:
 - 1. The number of days reasonably required to repair or replace the covered auto.
 - 2. The number of days in the schedule.

MM 99 39 09 98

- C. Our payment is limited to the lesser of the following amounts:
 - 1. Necessary and actual expenses incurred.
 - 2. The maximum payment stated in the schedule applicable to “any one day” or “any one period.”
- D. This coverage does not apply while there are spare or reserve autos available to you for your operations.
- E. If loss results from the total theft of a covered auto of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under Comprehensive Coverage or Specified Causes of Loss Coverage.

cae/98endors/MM9939.doc

MM 99 22 09 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DRIVE OTHER CAR COVERAGE
BROADENED COVERAGE FOR NAMED INDIVIDUALS -
MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date or as of the date indicated below.

Endorsement effective	Policy No.
Named Insured	Countersigned by

(Authorized Representative)

This endorsement changes only those coverages listed below for which a charge is shown below. Each of those coverages is changed as follows:

Name of Individual	Premium						
	BI	PD	MED	UM	UIM	COMP \$500 Ded.	COLL \$500 Ded.
	117	18	15			9	29

Total = \$188.00

A. Changes In Liability Coverage

1. Any "auto" you hire, borrow or don't own is a covered "auto" for Liability Coverage while being used by any individual named in this endorsement or by his or her spouse while a resident of the same household except:
 - a. Any "auto" owned by that individual or by any "household member" of that individual.
 - b. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

MM 99 22 09 98

2. The following is added to Who Is An Insured:

Any individual named in this endorsement and his or her spouse, while a resident of the same household, are "insureds" while using any covered "auto" described in paragraph A.1 of this endorsement.

B. Changes In Auto Medical Payments

The following is added to Who Is An Insured:

Any individual named in this endorsement and his or her "family members" are "insureds" while "occupying" or while a pedestrian when being struck by any "auto" you hire, borrow or don't own except:

Any "auto" owned by that individual or by any "family member."

C. Changes In Physical Damage Insurance

Any private passenger-type "auto" you hire, borrow or don't own is a covered "auto" while in the care, custody or control of any individual named in this endorsement or his or her spouse while a resident of the same household except:

1. Any "auto" owned by that individual or by any "family member."
2. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

D. Changes In Uninsured And Underinsured Motorists Insurance

The following is added to Who Is An Insured:

Any individual named in this endorsement and "family members" are "insured" while occupying or while a pedestrian when being struck by any "auto" you, such named individual and "family members" hire, borrow or don't own, unless such named individual, or "family member," has a Massachusetts auto policy of his or her own providing similar coverage or is covered by a Massachusetts auto policy of another "family member" providing similar coverage.

E. Additional Definitions

As used in this endorsement:

"Family member" means a person related to the individual named in this endorsement by blood, marriage or adoption who is a resident of the individual's household, including a ward or foster child.

"Occupying" means in, upon, getting in, on, out or off.

cae/98endors/MM9922.doc

EXHIBIT B

RENEWAL

07/26/99

Office/Agent: 825 200552

Policy No: FN/C1 CSA222287

ITEM ONE - Named Insured and Address

BENSLEY CONSTRUCTION INC
C-O LYDIA ECCLES
533A PUTNAM AVE
CAMBRIDGE MA 02139

Producer Name and Address

RYDER INS AGCY
781-963-0390
247 N MAIN STREET
RANDOLPH MA 02368

POLICY PERIOD: Policy covers FROM 07/26/99 TO 07/26/00 12:01 A.M. Standard Time at the Named Insured's Address stated above

NAMED INSURED'S BUSINESS:

FORM OF BUSINESS: OTHER

DIRECT-BILLED

FLEET

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos". "Autos" are shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	\$ 20,000 Each Person \$ 40,000 Each Accident	3,628.00
Personal Injury Protection	7	\$ 8,000 Each Person	301.00
Optional Bodily Injury	7 8 9	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	10,309.00
Property Damage (COMPULSORY LIMIT \$5,000)	7 8 9	SEE SCHEDULE Each Accident	3,897.00
Auto Medical Payments Insurance	7	SEE SCHEDULE Each Person	62.00
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	146.00
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	383.00

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE Deductible	1,345.00
Specified Perils Coverage		Deductible	
Collision Coverage	7	SEE SCHEDULE Deductible	2,784.00
Limited Collision Coverage		Deductible	0.00
Loss of Use - Rental Reimbursement	7	SEE SCHEDULE	187.00
Towing and Labor	7	\$25 for each disablement of a private passenger auto	12.00

Forms and Endorsements attached to this Coverage Form:

CA 00 01 07 97 IL 00 21 11 85
IL 00 17 11 85 MM 99 11 09 98

PREMIUM FOR ENDORSEMENTS	
ESTIMATED TOTAL PREMIUM	23,054.00

NOTIFICATION OF PLACEMENT

SEE ADDITIONAL INFORMATION

Countersigned by:

Authorized Representative

BATCH	SEQ.	REP	CURR DATE	AGENT.	RUN SEQ.	END NO.	F	LAST DATE	CDT
Z24	400	W	244	B	000050	001	L	244	MTH

MM 00 97 09 91

BRANCH

RENEWAL
ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

07/26/99

Office/Agent: 825 200552
Policy No: FN/CI CSA222287VEHICLE INFORMATION
DESCRIPTION

Auto No.	Year	Make	Model	Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State Where the Covered Auto will be Garaged
1	93	FORD	ECONOLIN CARGO V	13133	8000	CAMBRIDGE
2	91	NISSAN	SHORT BE PICKUP	9000	2000	ANDOVER
3	88	TOYOTA	CAMRY DE STN WAG	8000		FRAMINGHAM
4	95	SUBARU	LEGACY L STN WAG	19880		GAYHEAD

LIABILITY LIMITS (* Limit(s) in Thousands)

Compulsory Bodily Injury (\$20,000/\$40,000)		Personal Injury Protection \$8,000 Each Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorist (Compulsory Limits \$20,000/\$40,000)		Underinsured Motorist	
Auto No.	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium
1	461	29	1000 1000	1240	500		551	5000	5	500 500	17	50 100	20
2	313	26	1000 1000	842	500		370	5000	7	500 500	23	50 100	27
3	457	52	1000 1000	1321	500		384	5000	10	500 500	15	500 500	216
4	322	38	1000 1000	928	500		264	5000	10	500 500	15	50 100	20

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils	Comprehensive	Collision	Limited Collision	*** Waiver of Ded.	*** Loss of Use	*** Towing and Labor
		Cov. Ded. Premium	Ded. Premium	Ded. Premium	Ded. Premium			
1	ACV		500 125	500 220		15 YES		
2	ACV		500 102	500 172		12 YES		
3	ACV		500 88	500 302		18 YES	37	4
4	ACV		500 143	500 323		18 YES	75	4

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage

*** YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.

Designates Policy Level Additional Insured-Lessor applies.

@ Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
4	NISSAN MOTOR ACC CO PO BOX 741448 DALLAS TX 75347

AUTO NO.	CAR ID	TYPE RISK	PIP COV.	DED.	BI PD	LIABILITY LIMITS MED U1	U2	BCC	COLL	LOSS OF USE	O.T.C.	AGE	SYM	ATD	EXP.	P R
1	5	1	1	01	14 10	5 49	07	0	016		037	7	5	0	12	1
2	5	1	1	01	14 10	5 49	07	0	016		037	9	4	0	12	0
3	5	1	1	01	14 10	5 49	49	0	016	083	036	9	3	0	12	1
4	5	1	1	01	14 10	5 49	07	0	016	083	036	5	6	0	12	1

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
Z24	400	W	244	B	000050	001	L	244	MTH

BATCH

SEQ.

REP

CURR DATE

AGENT

RUN SEQ.

END NO.

F

LAST DATE

CDT

Z24

400

W

244

B

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001

L

244

MTH

MM 00 97 09 91

BRANCH

RENEWAL 07/26/99
ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWNOffice/Agent: 825 200552
Policy No: FN/C1 CSA222287VEHICLE INFORMATION
DESCRIPTION

Auto No.	Year	Make	Model	Cost New	Size GVW, GCW or Vehicle Seating Capacity	Town and State Where the Covered Auto will be Garaged Territory/Premium Town/Zip		
10 500	95	FORD	RANGER S SUPER P	19997	3800	CAMBRIDGE 12/600/02139		
	1FTCR15U2STA29862							
	DRIVE OTHER CAR							
	# OF INDIV = 1							
Auto No.	Use	Symbol	Age	Class	CLASSIFICATION Radius	Mobile Equipment	Inspect Code	Loss of Use Amount/Days
10 500	SERVICE	6 0	05 09	014990 902000	LOCAL		9 9	

LIABILITY LIMITS (* Limit(s) in Thousands)

Compulsory Bodily Injury (\$20,000/\$40,000)		Personal Injury Protection \$8,000 Each Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorist (Compulsory Limits \$20,000/\$40,000)		Underinsured Motorist	
Auto No.	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
10 500	461	29	1000 1000 1000 1000	1240 134	500 500		551 17	5000	5	50 100	10	50 100	20

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision		*** Waiver of Ded.	*** Loss of Use	*** Towing and Labor
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium			
10 500	ACV ACV				500 500	173 8	500 500	313 25			15 YES		

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage

*** YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.

Designates Policy Level Additional Insured-Lessor applies.

@ Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.

STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP		LIABILITY LIMITS						PHYSICAL DAMAGE						EXP.	P R
			COV.	DED.	BI	PD	MED	U1	U2	BCC	COLL	LOSS OF USE	O.T.C.	AGE	SYM	ATD		
10 500	5 5	1 1	1 0	01	14 14	10 10	5 0	07 00	07 00	0 0	016 077		037 037	5 0	6 0	0 0	12 12	1 0

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
Z24	400	W	244	B	000050	001	L	244	MTH

RENEWAL

07/26/99

Office/Agent: 825 200552
Policy No: FN/C1 CSA222287

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY INSURANCE - RATING BASIS, COST OF HIRE

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost Of Hire		Limits (In Thousands)		Premium	
		Bodily Injury	Property Damage	Bodily Injury	Property Damage	Bodily Injury	Property Damage
MA	IF ANY	1.588	.508	1000 1000	500	79	8
Total Premium						87	

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

STAT CODES

No.	Liability Limits			Class	Exp.
	BI	PD	BCC		
503	14		0	661900	12

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Limits (In Thousands)		Premium	
			Bodily Injury	Property Damage	Bodily Injury	Property Damage
Other Than A Social Service Agency	Number of Employees	25	1000 1000	500	79	8
Social Service Agency	Number of Employees					
	Number of Volunteers					
Total Premium						87

STAT CODES

No.	Liability Limits		Class	Exp.
	BI	PD		
501	14		660100	12

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
Z24	400	W	244	B	000050	001	L	244	MTH

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MASSACHUSETTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Changes in Liability Coverage:

Who Is An Insured is changed to include the person or organization named in this endorsement, but only for "bodily injury" or "property damage" resulting from the acts or omissions of:

1. You, while using a covered "auto."
2. Any other person, while using a covered "auto" with your permission.

Additional insured:

DEEPAK KULKAMI
124 COMMONWEALTH AVE
BOSTON MA 02115

cac/98endors.doc

MM 99 22 09 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DRIVE OTHER CAR COVERAGE
BROADENED COVERAGE FOR NAMED INDIVIDUALS -
MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date or as of the date indicated below.

Endorsement effective 07/26/99	Policy No. CSA 222281
Named Insured Bensley Construction Inc	Countersigned by (Authorized Representative)

This endorsement changes only those coverages listed below for which a charge is shown below. Each of those coverages is changed as follows:

Name of Individual	Premium						
	BI	PD	MED	UM	UIM	COMP \$ Ded.	COLL \$ Ded.
Peter & Lianne Bensley			See Schedule				

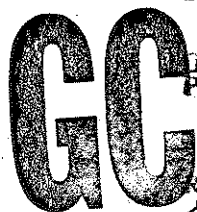
A. Changes In Liability Coverage

1. Any "auto" you hire, borrow or don't own is a covered "auto" for Liability Coverage while being used by any individual named in this endorsement or by his or her spouse while a resident of the same household except:
 - a. Any "auto" owned by that individual or by any "household member" of that individual.
 - b. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

EXHIBIT C

IN BUSINESS 07/26/91

ITEM 1 NAMED INSURED AND ADDRESS
 BENSLEY CONSTRUCTION INC
 C-0 LYDIA ECCLES
 376 THE RIVERWAY #15
 BOSTON MA 02115



OFFICE/AGENT: 825 200552
 POLICY NO: Y/C1 CSA222287

PRODUCER NAME AND ADDRESS

RYDER INS AGENCY
 247 N MAIN STREET
 RANDOLPH MA 02368



POLICY PERIOD: POLICY COVERS FROM 07/26/91 TO 07/26/92 12:01 A.M. STANDARD TIME
 (AT THE NAMED INSURED'S ADDRESS STATED ABOVE)

NAMED INSURED'S BUSINESS:
 FORM OF BUSINESS: OTHER

ITEM 2 SCHEDULE OF COVERAGES AND COVERED AUTOS

THIS POLICY PROVIDES ONLY THOSE COVERAGES WHERE A CHARGE IS SHOWN IN THE PREMIUM COLUMN BELOW. EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE AUTOS SHOWN AS COVERED AUTOS. AUTOS ARE SHOWN AS COVERED AUTOS FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM ITEM 3 NEXT TO THE NAME OF THE COVERAGE.

COVERAGE		LIABILITY		INSURANCE		PREMIUM
		COVERED AUTOS AND SYMBOLS		LIMIT: THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
COMPULSORY (15,000/30,000)		7		SEE SCHEDULE EACH PERSON		654.00
PERSONAL INJURY PROTECTION		7		SEE SCHEDULE EACH PERSON		
OPTIONAL		7	8 9	SEE SCHEDULE EACH PERSON		42.00
PROPERTY DAMAGE		7	8 9	SEE SCHEDULE EACH ACCIDENT		1,754.00
COMPULSORY LIMIT (5,000)		7	8 9	SEE SCHEDULE EACH ACCIDENT		1,226.00
AUTO MEDICAL		7		SEE SCHEDULE EACH PERSON		18.00
UNINSURED MOTORISTS		7		SEE SCHEDULE EACH PERSON		160.00
UNDERINSURED MOTORISTS		7		SEE SCHEDULE EACH PERSON		1,138.00

PHYSICAL DAMAGE INSURANCE

ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS THE DEDUCTIBLE OR EACH COVERED AUTO.

COMPREHENSIVE COVERAGE	7	SEE SCHEDULE DED.	439.00
SPECIFIED PERILS COVERAGE		DED.	
COLLISION COVERAGE	7	SEE SCHEDULE DED.	732.00
LIMITED COLLISION		DED.	0.00
LOSS OF USE			0.00
RENTAL REIMBURSEMENT			0.00
OWNING AND LABOR		\$25 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO	0.00

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION

SEE ADDITIONAL INFORMATION

PREMIUM FOR ENDORSEMENTS

ESTIMATED TOTAL PREMIUM 6,163.00

THE ESTIMATED TOTAL PREMIUM FOR THIS POLICY IS BASED ON THE EXPOSURE YOU TOLD US YOU WOULD HAVE WHEN THIS POLICY BEGAN. WE WILL COMPUTE YOUR FINAL PREMIUM DUE WHEN WE DETERMINE YOUR ACTUAL EXPOSURES. THE ESTIMATED TOTAL PREMIUM WILL BE CREDITED AGAINST THE FINAL PREMIUM DUE AND YOU WILL BE BILLED FOR THE BALANCE, IF ANY. IF THE ESTIMATED TOTAL PREMIUM EXCEEDS THE FINAL PREMIUM DUE YOU WILL GET A REFUND. TO DETERMINE YOUR FINAL PREMIUM DUE WE MAY EXAMINE YOUR RECORDS AT ANY TIME DURING THE PERIOD OF COVERAGE AND UP TO THREE YEARS AFTERWARD. IF THIS POLICY IS ISSUED FOR MORE THAN ONE YEAR, THE PREMIUM SHALL BE COMPUTED ANNUALLY BASED ON OUR RATES IN EFFECT AT THE BEGINNING OF EACH YEAR OF THE POLICY.

COUNTERSIGNED BY

BATCH	SEQ	R/C	CURR DATE	AGNT CODE	RUN SEQ	END NO.	F	LAST DATE	CDT
N02	106	N	226	1	000301	001	M	000 1081391	PLY

IN BUSINESS

07/26/91

OFFICE/AGENT: 825 200552
POLICY NO: Y/C1 CSA222287

EM 3 DESCRIPTION OF COVERED AUTO DESIGNATED SYMBOLS

SYMBOL	DESCRIPTION
1	-ANY AUTO
2	-OWNED AUTOS ONLY. ONLY THOSE AUTOS YOU OWN (AND FOR LIABILITY COVERAGE ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO POWER UNITS YOU OWN) THIS INCLUDES THOSE AUTOS YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.
3	-OWNED PRIVATE PASSENGER AUTOS ONLY. ONLY THE PRIVATE PASSENGER AUTOS YOU OWN. THIS INCLUDES THOSE PRIVATE PASSENGER AUTOS YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.
4	-OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY. ONLY THOSE AUTOS YOU OWN WHICH ARE NOT OF THE PRIVATE PASSENGER TYPE (AND FOR LIABILITY COVERAGE ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO POWER UNITS YOU OWN) THIS INCLUDES THOSE AUTOS NOT OF THE PRIVATE PASSENGER TYPE YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.
5	-OWNED AUTOS SUBJECT TO NO-FAULT. ONLY THOSE AUTOS YOU OWN WHICH ARE REQUIRED TO HAVE NO-FAULT BENEFITS IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED. THIS INCLUDES THOSE AUTOS YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS PROVIDED THEY ARE REQUIRED TO HAVE NO-FAULT BENEFITS IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED.
6	-OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW. ONLY THOSE AUTOS YOU OWN WHICH BECAUSE OF THE LAW IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED ARE REQUIRED TO HAVE AND CANNOT REJECT UNINSURED MOTORISTS INSURANCE. THIS INCLUDES THOSE AUTOS YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS PROVIDED THEY ARE SUBJECT TO THE SAME STATE UNINSURED MOTORISTS REQUIREMENT.
7	-SPECIFICALLY DESCRIBED AUTOS. ONLY THOSE AUTOS DESCRIBED IN ITEM FOUR FOR WHICH A PREMIUM CHARGE IS SHOWN (AND FOR LIABILITY COVERAGE ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO ANY POWER UNIT DESCRIBED IN ITEM FOUR).
8	-HIRED AUTOS ONLY. ONLY THOSE AUTOS YOU LEASE, HIRE, RENT OR BORROW. THIS DOES NOT INCLUDE AUTOS YOU LEASE, HIRE, RENT OR BORROW FROM ANY OF YOUR EMPLOYEES OR MEMBERS OF THEIR HOUSEHOLDS.
9	-NONOWNED AUTOS ONLY. ONLY THOSE AUTOS YOU DO NOT OWN, LEASE, HIRE OR BORROW WHICH ARE USED IN CONNECTION WITH YOUR BUSINESS. THIS INCLUDES AUTOS OWNED BY YOUR EMPLOYEES OR MEMBERS OF THEIR HOUSEHOLDS BUT ONLY WHILE USED IN YOUR BUSINESS OR YOUR PERSONAL AFFAIRS.
10	-

EXPERIENCE MODIFICATIONS: LIAB 1.00% COMP 1.00% COLL 1.00% RATING ID 1

COMPANY USE FIELDS:

1 - 043119231

ADDITIONAL INFORMATION

MM0098	MM9923
MM9912	MM9911
MM9954	MM9918
MM9917	MM9913
CA9921	CAR RATES

RIVER INFORMATION

# OPERATOR NAME	D.O.B.	LICENSE #	STATE
1 FAIRWEATHER MORRIS	03/16/56	034620984	MA
2 BENSLEY PETER	11/24/52	014443363	MA

AH61		08/91	825200552		Y	01	CONTRACTING			1	2
BATCH	SEQ	R/C	CURR	AGNT	RUN	END	F	LAST	CDT		
			DATE	CODE	SEQ	NO.		DATE			
N02	106	N	226		000301	001	M	000	1081391	OLY	

OFFICE/AGENT: 825 200552
POLICY NO: Y/CI CSA222287

07/26/91

VEHICLE INFORMATION

LIABILITY LIMITS IN THOUSANDS\$

PHYSICAL DAMAGE

DESIGNATES POLICY LEVEL ADDITIONAL INSURED-LESSOR APPLIES

BATCH	SEQ	R/C	CURR DATE	AGNT CODE	RUN SEQ	END NO.	F	LAST DATE	CTY
N02	106	N	226		000301	001	H	000	081391 DLY

EN BUSINESS

07/26/91

OFFICE/AGENT: 825 200552

POLICY NO: V/C1 CSA222287

ITEM 5 SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

		LIABILITY INSURANCE-RATING BASIS, COST OF HIRE				PREMIUM	
STATE	ESTIMATED COST OF HIRE EGB EACH STATE	RATE PER EACH \$100 COST OF HIRE		LIMITS (IN THOUSANDS)			
		BODILY INJURY	PROPERTY DAMAGE	BODILY INJURY	PROPERTY DAMAGE	BODILY INJURY	PROPERTY DAMAGE
MA	IF ANY	.506	.376	1000	500	35	5
TOTAL PREMIUM						40	

COST OF HIRE MEANS THE TOTAL AMOUNT YOU INCUR FOR THE HIRE OF AUTOS YOU DON'T OWN NOT INCLUDING AUTOS YOU BORROW OR RENT FROM YOUR EMPLOYEES OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.

S T A T E C O D E S				
NO.	LIAB.	CLASS	EXP.	
	BI	PD		
503	14	661900	12	

ITEM 6 SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	LIMITS (IN THOUSANDS)		PREMIUM	
			BODILY INJURY	PROPERTY DAMAGE	BODILY INJURY	PROPERTY DAMAGE
OTHER THAN A SOCIAL SERVICE AGENCY	NUMBER OF EMPLOYEES		1000			
SOCIAL SERVICE AGENCY	NUMBER OF EMPLOYEES	25	1000	500	35	5
	NUMBER OF VOLUNTEERS					
TOTAL PREMIUM						40

S T A T E C O D E S				
NO.	LIAB.	CLASS	EXP.	
	BI	PD		
501	14	660100	12	

BATCH	SEQ	R/C	CURR	AGNT	RUN	END	F	LAST	COT
			DATE	CODE	SEQ	NO.		DATE	
N02	106	N	226		000301	001	N	000	1081391